

# **PART B - FEE(S) TRANSMITTAL**

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30565 7590 12/08/2009

**WOODARD, EMHARDT, MORIARTY, MCNETT & HENRY LLP**  
**111 MONUMENT CIRCLE, SUITE 3700**  
**INDIANAPOLIS, IN 46204-5137**

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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/542,739	07/18/2005	Robert John Mabbott	7532-2	8873

TITLE OF INVENTION: PROVISION OF IMAGES ON SURFACES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/08/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAH, MANISH S	2853	347-101000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**WOODARD, EMHARDT, MORIARTY, MCNETT & HENRY LLP**  
**PATENT AND TRADEMARK ATTORNEYS**  
**111 MONUMENT CIRCLE, SUITE 3700**  
**INDIANAPOLIS, INDIANA 46204-5137**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type).

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-3030 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Thomas Q. Henry  
 Typed or printed name Thomas Q. Henry

Date March 3, 2010  
 Registration No. 28,309

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